



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
DATAMASTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 11:15 am, Aug 19, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN 204111	NAME OF AGENCY MSHP	DATE OF INSPECTION 08/05/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 800 Ward Ave., Caruthersville, Missouri		TIME OF INSPECTION 0944 HOURS

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) 8-5-14 0944 HOURS
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 49 °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER GUTH LABORATORIES INC LOT # 13290 EXP. DATE 10-29-15	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN G11045 EXP. DATE 2-18-15	

☒ **CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)**

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- ☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 • 099	TEST 2 • 099	TEST 3 • 100
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☒ **PERFORM R.F.I. TEST (PRINTOUT ATTACHED)**

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

REFUSALS 0	(0-.04) 1	(.05-.09) 0	(.10-.14) 1	(.15-.19) 0	OVER .19 0
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

INSPECTING OFFICER

SIGNATURE ▶	PRINT FULL NAME Jason N. Crites
TYPE II PERMIT NUMBER/EXPIRATION DATE 240087 03/11/2016	TELEPHONE NUMBER (573) 840-9500

RETURN COMPLETED REPORT TO THE:

Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Blvd
Poplar Bluff, MO 63901



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-604-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 29, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Certified Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204111

08/05/14

09:44

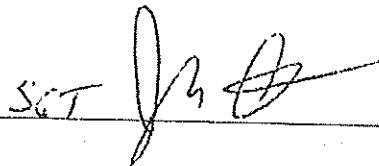
--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	49c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEF
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefgijklmnop
qrstuvwxyz{|}~

Operator Signature

SCT  377

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204111
08/05/14

TESTING OFFICER:

CRITES/JASON/M

OFFICER I.D.: 377

PERMIT NUMBER: 240087

EXPIRATION DATE: 03/11/16

MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

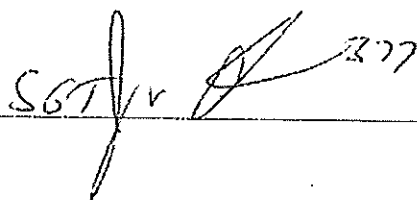
BLANK TEST	.000	09:57
INTERNAL STANDARD	VERIFIED	09:57
EXTERNAL STANDARD	.093	09:58
BLANK TEST	.000	09:58
EXTERNAL STANDARD	.099	09:59
BLANK TEST	.000	09:59
EXTERNAL STANDARD	.100	10:00
BLANK TEST	.000	10:00

N = 3

SIM. = .1

AVG. = .0993

Operator Signature

SGT/v  377

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204111
08/05/14

ARREST TIME: 09:00

SUBJECT NAME:

TEST

DOB: 02/02/74 SEX: M

STATE/D.L.: MO/123456789

ARRESTING OFFICER:

TEST

OFFICER I.D.: 377

TESTING OFFICER:

CRITES/JASON/N

OFFICER I.D.: 377

PERMIT NUMBER: 240087

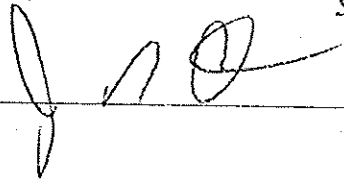
EXPIRATION DATE: 03/11/16

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

Operator Signature

SGT  377



Missouri Department of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466
Margaret T. Donnelly
Director



Jeremiah W. (Jay) Nixon
Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

SIMULATOR CALIBRATION REPORT

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

SIMULATOR INFORMATION

Agency: Missouri State Highway Patrol
Serial Number: G11045
Manufacturer: Guth
Model Number: 34C

CALIBRATION RESULTS


<u>Reference</u> <u>Temperature</u>	<u>Simulator</u> <u>Temperature</u>	<u>Bias</u>	<u>In Tolerance</u>
33.99	34.0	-0.01 °C	YES

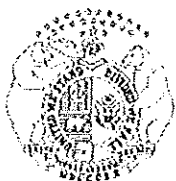
This calibration was performed with
NIST-Traceable Thermometer SN: 304447

This calibration was performed by: Brian M. Lutmer

This calibration was performed: 02/18/2014

COPY OF CALIBRATION STICKER

This simulator has been calibrated according to DHSS specifications	
	SIMULATOR SERIAL NO.: <u>G11045</u>
	EXPIRATION DATE: <u>02/18/2015</u>
	DATE OF CALIBRATION: <u>02/18/2014</u>
	NIST REF. THERM. SERIAL NO: <u>304447</u>
	BIAS: <u>-0.01 C</u>
ANALYST INITIALS: <u>BML</u>	



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II
JASON N CRITES

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

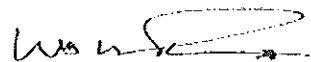
DATAMASTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 3/11/2014

NUMBER 240087

EXPIRES 3/11/2016


DIRECTOR OF STATE PUBLIC HEALTH LABORATORY


,acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 559.0771 (5-10)

LAL 4 (R6-10)

	STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM
	INSTRUMENT OPERATOR CARD
<small>The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.</small>	
	
Operator CRITES, JASON Permit No 240087 Date Issued 3/11/2014 Date Expires 3/11/2016	